

FORM C/OH
COVER SHEET PG 1

Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Biguita M Hernandez-Smith

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,810.61

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 5,183.61

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 4,500.00

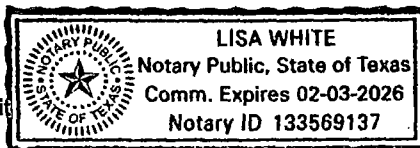
18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Biguita Hernandez-Smith
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by

Biguita M Hernandez-Smith this the 10th day of April

2023, to certify which, witness my hand and seal of office.

Lisa White

Lisa White

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Biguita M Hernandez-Smith		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,810.61
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 4,500
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,183.61
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

Filer Name: Biguita M. Hernandez-Smith				Schedule A1	
Contributions					
Date	Name	Address	Amount	Occupation	Employer
2/22/23	Jason Harvey Smith	1080 Shakespeare Drive Beaumont, Texas 77706	\$100.00	Healthcare Compliance	TAN Healthcare
3/3/23	Jason Harvey Smith	1080 Shakespeare Drive Beaumont, Texas 77706	\$4,500.00	Loan	TAN Healthcare
3/5/23	Dena Hughes	2010 Sarah Street Beaumont, Texas 77705	\$100.00	Healthcare	TAN Healthcare
3/5/23	Biguita Hernandez-Smith Campaign T-Shirt Sale \$10 each	1080 Shakespeare Drive Beaumont, Texas 77706	\$290.00	NA	NA
3/7/23	Erica Cross	12000 Woodland Circle Beaumont, Texas 77705	\$100.00	NA	NA
3/7/23	John Manfredi	2360 South St Beaumont Texas 77702	\$150.00	Executive Director	BCP
3/10/23	Stellar Bank Closed out previous campaign account. Bank transferred funds to account	Beaumont Texas	\$31.34	NA	NA
3/9/23	Tanisha Franks	243 Van Buren St Staten Island, NY 10301	\$50.00	Teacher	
3/9/23	Michele Young	4737 36th Street NW Washington, DC 20008	\$50.00		
3/10/23	Jennifer Mattes	6040 Woodway Dr. Beaumont Texas 77707	\$100.00	Educator	FBP
3/5/23	Ramona Young	5630 Gail Drive Beaumont, Texas 77708	\$50.00	Educator	All Saints

Biguita M. Hernandez-Smith

Schedule 41 (P62)

3/9/23	Meredith Brush	1370 Galway Dr Beaumont, Texas 77706	\$240.00	Mortgage Broker	
3/17/23	Tristen Silva	4165 Old Dowlen Road Apt #45 Beaumont, Texas 77706	\$100.00	Barber	
3/17/23	Lisa Nell	4 Court Street Staten Island, NY 10304	\$100.00	Financial	
3/17/23	Gabe Silva	5740 Northwest Parkway Apt 2204 Beaumont, Texas 77706	\$100.00	Barber	
			\$39.27	Refund for shipping	
	Dena Hughes	2010 Sarah Street Beaumont, Texas 77705	\$100.00	Healthcare	TAN Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Biguita M Hernandez-Smith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

LOANS**SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Biguita M. Hernandez-Smith		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 4500.00
5 Date of loan 3/3/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Harvey Smith	9 Loan Amount (\$) 4500.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 1080 Shakespeare Drive Beaumont TX 77706	10 Interest rate 0%
		11 Maturity date None
12 Principal occupation / Job title (See Instructions) Healthcare Compliance		13 Employer (See Instructions) TAN Healthcare
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor NA	19 Amount Guaranteed (\$) NA
	18 Guarantor address; City; State; Zip Code NA	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Date	Vendor	Amount	Address	Category	Description
2/25/23	Kirksey 's Sprint Print	\$931.50	3865 W Lucas Dr. Beaumont, Texas 77706	Printing Expense	yard signs 4x4 signs deposit
2/27/23	VISTAPRINT	\$123.40	vistaprint.com	Printing Expense	business cards
2/27/23	ALOCKE DESIGNS/PHO	\$360.50	alockedesigns.com	Contract Labor	Website Creation
2/28/23	VISTAPRINT	\$97.42	vistaprint.com	Printing Expense	Hang tags
2/27/23	Wix.com Inc	\$36.80	wix.com	Premier Website	Website subscription
2/27/23	Kirksey 's Sprint Print	\$367.60	3865 W Lucas Dr. Beaumont, Texas 77706	Printing Expense	Push Cards
2/27/23	Stillwater Visuals LLC	\$772.00	6950 College Street Beaumont, Texas 77707	Printing Expense	T-Shirts
3/1/23	Kirksey 's Sprint Print	\$862.99	3865 W Lucas Dr. Beaumont, Texas 77706	Printing Expense	Yard Signs 4x4 Signs payment
3/6/23	office Depot	\$7.01	4165 Dowlen Rd Beaumont Texas 77706	Printing Expense	Flyers
3/13/23	LOWES	\$49.71	4120 Dowlen Road Beaumont, Texas 77706	Printing Expense / Materials for 4x4 signs	Materials to display street signs
3/14/23	Home Depot	\$10.80	3910 Eastex Fwy Beaumont Texas 77703	Printing Expense / Materials for 4x4 signs	Materials to display street signs
3/15/23	Kirksey 's Sprint Print	\$568.66	3865 W Lucas Dr. Beaumont, Texas 77706	Printing Expense	Car Magnets Door Hangers
3/22/23	Custom Buttons	\$58.23	custombuttons.com	Printing Expense	Name tags
3/22/23	100 black women red/black/green	\$100.00	2355 I-10 Beaumont Texas 77705	Contributions made by Candidate	ticket purchase
3/24/23	Greater Beaumont Chamber of Commerce	\$35.00	3950 I-10 Beaumont Texas 77705	Contributions made by Candidate	ticket purchase
3/27/23	NPHC of the Golden Triangle	\$50.00	700 Crockett Street Beaumont, Texas 77701	Contributions made by Candidate	ticket purchase

3/27/23	Constable Christopher Bates Scholarship Event	\$57.04	3501 Cultural Center Drive Port Arthur Texas 77642	Contributions made by Candidate	ticket purchase
3/31/23	Joseph Roberts	\$300.00	700 Crockett Street Beaumont, Texas 77701	Advertising Expense	ticket purchase
3/31/23	Specs	\$64.76	5876 Eastex Fwy Beaumont, Texas 77708	Beverage	Beverages
3/31/23	Krogers	\$166.64	3965 Dowlen Rd Beaumont Texas 77706	Event Expense	Food
4/1/23	Party City	\$28.15	5725 Eastex Fwy Beaumont Texas 77706	Event Expense	Plates
4/1/23	Walmart Supercenter	\$33.88	4145 Dowlen Rd Beaumont texas 77706	Event Expense	Food
4/2/23	office Depot	\$49.69	4165 Dowlen Rd Beaumont Texas 77706	Event Expense	Flyers
4/2/23	Michaels Stores	\$51.83	4450 Dowlen Rd Beaumont Texas 77706	Event Expense	T-Shirts

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="text-align: center; font-size: 1.2em;">2</div>	2 FILER NAME <div style="font-size: 1.2em;">Biguita M. Hernandez-Smith</div>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
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	Description	
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